

**OSS-STEP 2 (After Soil Certification)** 

# **ON-SITE SEWAGE DESIGN AND PERMIT APPLICATION**

Applicants with private water systems may be required to test water sources for Nitrate and Coliform and provide results to Garfield County prior to permit approval. All pressure distribution systems must be designed by a licensed engineer or professional designer. ALL PERMITS ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE.

Contact Info	rmation						
Your Name:				Email:			
Mailing/Billing Add	ress:			Phone	:		
Preferred method	of contact: O Ca	all o <sub>Tex</sub>	t <sup>o</sup> Emai	Other:			
Are you the proper	ty owner? O Ye	s o No	(if yes, skip to p	roperty informa	ation)		
Do you have perm	ission from the o	wner to do on-s	ite sewage desig	n & permit?	o <sub>Yes</sub>	o <sub>No</sub>	
Legal property own	ner:			Email/l	Phone:		
Property Info	ormation						
Physical Address:_			City:_		State:		_Zip:
Parcel Number:							
Water Source:					o <sub>Public</sub> W		
Applicant/De	esigner Inform	nation					
Name:				Phone	:		
Mailing Address:							
Email Address:							
On-Site Sewa	age Design Us	se and Param	eters				
Design Use:	o Ne	ew o <sub>Rep</sub>	oair/Replacemen	t			
Design Type:	o <sub>Re</sub>	esidential O Cor	mmercial/Other:				
Design Parameters	s:	_ Soil Type:	Distri	bution Method:	<ul> <li>Gravity</li> </ul>		
Numbe	er of Bedrooms -	- Residential:			o p <sub>ressure</sub>	<b>)</b>	
	Daily Flow - C	Commercial:	Load	ing Rate:			
Gravity Syste	m Requireme	nts					
Minim	ium Tank Size: _	Gal	ons	Pump	Use: O Yes	o No	
Minimum Total T	rench Length: –	Lin.	Feet				
Pressure Syst	em Requirem	ents					
Pump Chamber Siz	ze:	Orif	ice Diameter/Spa	acing:	in. x	in	
	HP	GPM	TOTAL HEAD	DOSE VOL.	# OF DOSES	TIMER	DEMAND
Primary Pump							
Secondary Pump							
Receipt #:	Da	nte:		Appro	ved By:	Am	ount:

121 South 10th St. PO Box 130 Pomeroy WA 99347 p: 509.843.3412 f: 509.843.1935 health@garfieldcountywa.gov PREVENT, PROMOTE, PROTECT.





#### **ENVIRONMENTAL HEALTH SERVICES - ONSITE SEPTIC**

### **SCALED SITE PLAN**

Dwelling Foundation: ft.		Disposal Ar	ea: ft.	Nearest Well:	ft.	Surface Water:	ft.
Distance from Drain Field		·		_			
Dwelling Foundation: ft.  Property Lines North: ft.		Septic Ta	ank <u>ft.</u>	Nearest Well:	ft.	Surface Water:	ft.
		Sou	ıth: ft.	East:	ft.	West:	
Use the area below for sca	aled drawir	ng. Please inc	lude the follow	ing information:			
l. Indicate North arrow			4. Well loca	ition			
2. All Structures			5. Septic sy	stem location (origin	al and rep	lacement)	
3. Paved areas (driveway,	parking lot	, etc.)	6. Property	features (ravines, su	rface wate	r, slopes, etc.)	





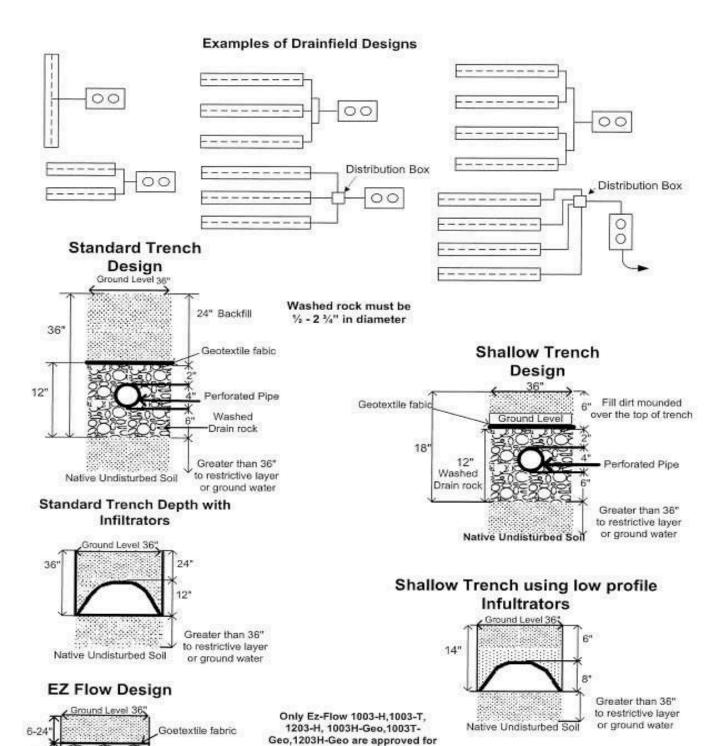
#### **ENVIRONMENTAL HEALTH SERVICES - ONSITE SEPTIC**

## **SCALED CROSS SECTION DRAWING**

### SOALLD SKOSS SLOTION DRAWING

*Please note: All depth measurements should be referenced to the						
final grade						
with the abis permit a and to accordenance needs es that remove from the area dilure; and ty transfers eleaning;	omplish the	his purpos	se, shall:			





use in Washington State

Greater than 36" to restrictive layer

or ground water

Native Undisturbed Soil